

Insomnia Due to Deficiency of Both the Heart and Spleen Treated by Acupuncture-Moxibustion and Chinese *Tuina*

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Objective: To observe therapeutic effects of the comprehensive therapy of acupuncture-moxibustion and Chinese *Tuina* for treatment of insomnia due to deficiency of both the heart and spleen. **Methods:** 92 cases were divided randomly into the treatment group (treated by acupuncture-moxibustion and Chinese *Tuina*) and the control group (treated by acupuncture-moxibustion). **Results:** The therapeutic effect of the treatment group was obviously superior to that of the control group (the χ^2 test showed $P < 0.01$). **Conclusions:** The comprehensive therapy of acupuncture-moxibustion and Chinese *Tuina* can give marked therapeutic effects for treatment of insomnia due to deficiency of both the heart and spleen.

From March 2003 to October 2005, the authors of this essay have adopted the comprehensive therapy of acupuncture-moxibustion and Chinese *Tuina* for treatment of insomnia due to deficiency of both the heart and spleen, and obtained marked clinical results as reported in the following.

GENERAL DATA

In this series, all the 92 cases were outpatients. Of them, 55 cases were males and 37 females, ranging in age from 18-65 years with the duration of illness from 1 month to 23 years. They were randomly divided into a treatment group of 49 cases, and a control group of 43 cases.

The clinical manifestations for insomnia due to deficiency of both the heart and spleen: insomnia and dreamy sleep, palpitation and forgetfulness, lassitude, decreased food intake, abdominal distension after food intake, dull complexion, loose stool, pale tongue proper with thin-white coating, and thready-weak pulse. The criteria for case selection: the cases having the typical symptoms of insomnia for more than one month.

METHODS

For the treatment group

The comprehensive therapy of acupuncture-moxibustion and Chinese *Tuina* was adopted, with acupuncture applied first, followed by Chinese *Tuina*, once daily.

a) The acupuncture-moxibustion method: The points selected were Shenmen (HT 7), Sanyinjiao (SP 6), Yinlingquan (SP 9), Xinshu (BL 15), Jueyinshu (BL 14), and Pishu (BL 20). For Sanyinjiao (SP 6) and Yinlingquan (SP 9), the 2 *cun* filiform needles were inserted perpendicularly 1-1.5 *cun* deep; Shenmen (HT 7) was punctured with one *cun* filiform needle inserted perpendicularly 0.3-0.5 *cun* deep; and Xinshu (BL 15), Jueyinshu (BL 14) and Pishu (BL 20) were punctured with the 1.5 *cun* filiform needles obliquely inserted 0.5-0.8 *cun* deep. The rotating reinforcing-reducing method was used. For all the points, after the arrival of *qi*, the needles were retained for 30 min., during which the needles were manipulated once. Moxibustion was added for points Xinshu (BL 15) and Pishu (BL 20). The moxibustion was operated like this: upon the arrival of *qi*, a 2-cm

moxa stick was put on the needle handle and burned. When the burning of moxa stick finished, the ash was cleaned and the needle taken out. The acupuncture-moxibustion treatment was given once daily, 6 days constituting one therapeutic course, with a 2-day interval between courses. After 3 courses of the treatment, the therapeutic effects were evaluated.

b) The Chinese *Tuina* method: The patient was asked to take the sitting position. The operator applied the one-finger pushing manipulation from Yintang (EX-HN 3) to Shenting (GV 24) for 5 to and fro times, then starting from Yintang (EX-HN 3) along both superciliary arches to both temples for 5 to and fro times, and then around the orbit for 5 to and fro times. The operator applied the wiping manipulation with both thumbs along the above-mentioned parts, each for 5 to and fro times. The operator applied thumb pressing-kneading manipulation at Yintang (EX-HN 3), Shenting (GV 24), Zanzhu (BL 2), Taiyang (EX-HN 5), Jingming (BL 1), Xinchu (BL 15), Ganshu (BL 18), and Weishu (BL 21), each for 1 min. The operator applied the sweeping and arching-pushing manipulations alternately along the distributing course of the Gallbladder Channel on both sides of the head for about 1 min. The operator applied five-finger grasping manipulation from the vertex to the suboccipital part with the three-finger grasping manipulation to and fro for about 3 min. The operator applied grasping manipulation at Fengchi (GB 20) and Jianjing (GB 21), each for about 2 min.

The patient was then asked to take the supine position. The operator applied clock-wise palm rubbing manipulation at the patient's abdomen for about 2 min. The operator applied thumb pressing-kneading manipulation at Zhongwan (CV 12), Guanyuan (CV 4) and Zusanli (ST 36), each for about 2 min. The Chinese *Tuina* treatment was given once daily, 6 days constituting one therapeutic course, with a 2-day interval between courses. The therapeutic effects

were evaluated after 3 courses of the treatment.

For the control group

This group was given only the acupuncture-moxibustion therapy, with the same points, manipulating methods and treating courses as those for the treatment group.

Criteria for therapeutic effects

Clinically cured: The sleeping time had restored to normal or lasted over 6 hours with a deep sound sleep, and the patient was energetic after awakening. Markedly effective: The sleep was obviously improved, with the sleeping time increased by more than 3 hours and with a deeper sleep. Improved: The main symptoms alleviated, but the sleeping time increased by less than 3 hours. Failed: After the treatment, insomnia showed no obvious improvement or went worse.

RESULTS

Of the 49 cases in the treatment group, 41 cases were clinically cured, 6 markedly effective, and 2 improved. Of the 43 cases in the control group, 15 cases were clinically cured, 13 markedly effective, 11 improved, and 4 failed. The χ^2 tests showed a significant difference in the therapeutic effects between the two groups ($P < 0.01$).

COMMENTS

Western medicine holds that insomnia is the result of imbalance between the cerebral excitation and inhibition.¹ Insomnia can make people fail to get rest, and can even affect people's work and study. In a prolonged course, the insomnia patients may be accompanied with such symptoms as irritability and peevishness, palpitation, decreased memory, emaciation, lassitude with dull complexion, which seriously affect the patient's health, and is easier to induce other diseases.

Acupuncture-moxibustion and Chinese *Tuina* can regulate the nervous function, and does not show the

side effects given as the sleeping pills. It has been proved by researches that acupuncture-moxibustion and Chinese *Tuina* can influence the course of nervous activity of the cerebral cortex, and have the regulating function in making the excitation course and inhibition course restore to balance.² Through acting on the head part of the human body, Chinese *Tuina* can help the capillary vessels expand, the cerebral blood volume increase, and the cerebral blood circulation improve.³

Shenmen (HT 7) is the *yuan* (source) point of the Heart Channel of Hand-Shaoyin, and dominates diseases of the heart. Needling at Shenmen (HT 7) can yield the effects of soothing the heart and calming the mind, and relieving stuffiness of the chest and regulating the flow of *qi*. Sanyinjiao (SP 6) is the crossing point of the Taiyin Channel of Foot, Shaoyin Channel of Foot and Jueyin Channel of Foot, and needling at this point can regulate *qi* in the three *yin*

channels. Yinlingquan (SP 9) is the *he* (sea) point of the Spleen Channel of Foot-Taiyin, and needling at this point can give the effect of strengthening the spleen and replenishing *qi*. Jueyinshu (BL 14) is the Back-*shu* point of the pericardium, which has the function of protecting the heart and can sooth the heart and calm the mind. And the needle-warming moxibustion at Xinshu (BL 15) and Pishu (BL 20) can produce the effect of nourishing both the heart and spleen.

REFERENCES

1. 史玉 1 泉. 实用神经病学第二版. 上海: 上海科学技术出版社 995; 1124-1126.
2. 郭元琦, 郑观恩, 陈丽仪, 等. 电针治疗失眠 106 例. 上海针灸杂志 2001; 20 (2): 25.
3. 罗才贵. 推拿治疗学. 北京: 人民卫生出版社 2001; 6-7.

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